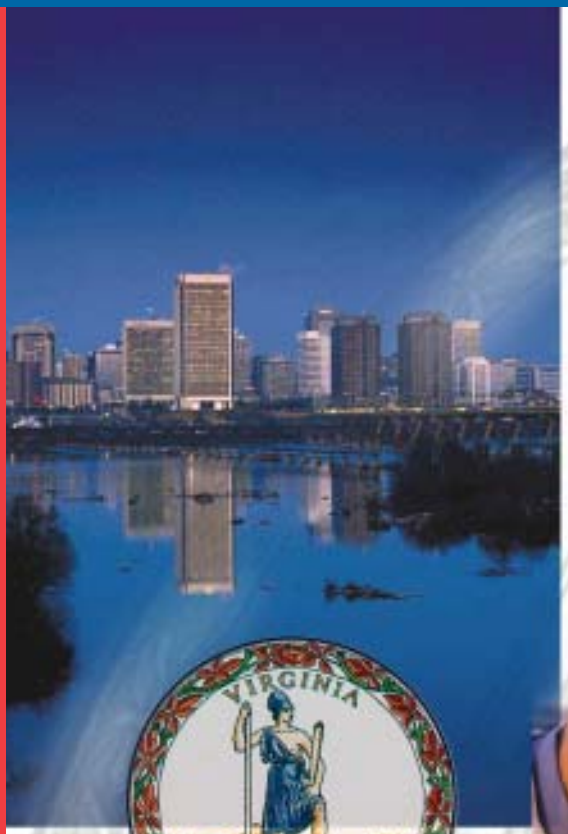
delmarva foundation



Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

Anthem HealthKeepers Plus

Performance Improvement Project Validation

SFY 2004

We don't provide healthcare... we make it better.

Table of Contents

Performance Improvement Project Validation Summary Anthem HealthKeepers Plus

Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) requires all Managed Care Organizations (MCOs) participating in the Medallion II Program to have ongoing performance improvement projects (PIPs). The purpose of having MCOs conduct PIPs is to assist large systems in evaluating and improving health care processes that link to member outcomes.

PIP activity can offer states an insight into the strengths and weaknesses of a MCO's quality management system (QMS), as many projects typically run two to three years and use numerous resources internally and externally to target specific providers, enrollees, and others to show meaningful improvement in one measure. Minimum expectations for PIP activity is that the MCO is able to report on their performance in a specific area by producing valid data that can be collected, measured, analyzed, and reported on an annual basis.

DMAS is adhering to the regulations set forth in the Balanced Budget Act of 1997 requiring state Medicaid agencies to annually evaluate the quality of services furnished by each MCO to Medicaid enrollees.

In view of this requirement the DMAS established a contract with a quality improvement organization, Delmarva Foundation, Inc. (Delmarva), to serve as the External Quality Review Organization (EQRO) who will independently assess each Medallion II MCO's performance for the contract year of 2004.

Medallion II MCOs were required to submit one (1) asthma related PIP for the 2004 contract year. This report is a validation summary of Anthem HealthKeepers Plus' (Anthem) PIP activity that speaks to the soundness of the PIP design and whether DMAS can have confidence in the reported results. At a minimum, Medallion II MCOs were expected to submit a project report with baseline measurement to the EQRO for validation. All of the Medallion II MCOs used audited Health Plan Employer Data and Information Set (HEDIS®) measures to evaluate performance in specific areas related to national benchmarks. Final HEDIS® reports are sent to MCOs in the summer; therefore, the MCOs submitted final PIPs to the EQRO in the fall of 2004.

This validation summary report will share the Delmarva's methodology for validation, provide a summary of the major findings for each review component, comment on project's strengths and areas for improvement,

and make recommendations for resubmission or future process improvements for areas receiving partial or unmet evaluation comments.

Methodology

Anthem submitted their 2004 PIP on the National Committee's for Quality Assurance Quality Improvement Activity Form, which is the reporting tool that DMAS directed the MCOs to use when reporting their 2003 PIP activities. DMAS also agreed with the EQRO utilizing CMS' *Validation of PIPs* protocols as guidelines for review activities. To prepare each Medallion II MCO for the new validation requirements, Delmarva presented a four-hour program to orient the plans to the new BBA requirements and PIP Validation Protocols so that they would be familiar with the protocols used to evaluate their performance. CMS' Validation Protocols -"*Conducting and Validating Performance Improvement Projects"*- were presented to the MCOs in hardcopy during the PowerPoint presentation.

In addition to training nursing and health analysts in the QIA form, Delmarva staff received one eight-hour didactic educational program on the new EQR protocols. After developing a crosswalk between the QIA form and *Validating PIP Worksheet,* Delmarva staff developed review processes and worksheets using CMS' protocols as guidelines (2002). CMS' *Validation of PIPs* assist EQROs in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner, and a state agency could have a degree of confidence in the reported results.

Review Activity

After Anthem HealthKeepers Plus (Anthem) submitted their 2004 PIP, *Improving the Use of Appropriate Medications for People with Asthma*, electronically, a notice was sent to Anthem to confirm receipt. Anthem's submission showed that the project recently completed its third remeasurement cycle in 2003. The reviewers evaluated the entire project submission, although, the minimum requirement is that Anthem review and analyze its baseline performance to develop strong, self-sustaining interventions targeted to reach meaningful improvement.

A registered nurse, with over 20 years of QI and Managed Care experience, and over 4 years quality improvement project review experience, completed the validation activity. A Review Manager assessed each validation worksheet. A summary report was developed for each validation worksheet. A copy of Anthem's PIP submission and PIP Validation Worksheet are included in addendum A1 and A2 respectively.

Findings

Anthem's PIP was sound methodologically, and the descriptions followed the NCQA QIA form instructions for reporting.

Anthem reported that this PIP targeted all continuously enrolled Medallion II enrollees, between the ages of 5 and 56 years with a diagnosis of asthma. One gap in enrollment of up to 45 days during each year of enrollment was allowed. The purpose of their 2003 PIP was to promote the use of appropriate medications for long-term control of asthma. The 2003 PIP goal was to increase the percentage of enrollees with asthma who appropriately use asthma medications to 70%. Over time, Anthem showed evidence of real and sustained improvement from 2000 to 2003. Their 2003 measurement was reported at the 75% percentile of HEDIS in 2003.

Strengths and Opportunities for Improvement

Selection of study topic and focus area, study question/problem statement, and indicators

Strengths: Anthem's selection of the study topic and indicators was sound. Anthem used Medicaid HMO specific and national data in selecting its study topic. Their PIP measures changes in the processes of care that are proxy measures to asthma outcomes.

Opportunities for improvement: There was no description of a problem statement that supports the rationale of the study.

Study population

Strengths: Anthem used technical specifications from HEDIS® to define its study population, which is an industry standard. Anthem identified an area for improvement in its reporting of a pharmacy claims data collection error that affected the 2001, 2002, and 2003 measurement periods.

Sampling methodology

Strengths: Anthem included the entire eligible population in the PIP.

Data collection procedures

Strengths: The data to be collected and the sources of data were clearly specified. Anthem stated that there were no substantive changes to HEDIS specifications and they did update pharmacy data specifications annually. Data sources were claims, encounter, and pharmacy data.

Opportunities for Improvement: Anthem's PIP report did not identify how the instruments used for data collection provided consistent and accurate data over time periods studied. In addition, qualifications of staff or personnel used to collect the data were not specified.

Improvement strategies

Strengths: Anthem provided a description of a barrier analysis conducted after 2003 remeasurement to identify opportunities for improvement and related interventions to increase the asthma medication rate. There was evidence of a strong quality management system in place as the analysis was conducted by an advisory panel consisting of family practice physicians and specialists, who later made recommendations for interventions based upon identified opportunities. Recommended interventions were reviewed and approved by the Quality Improvement Committee.

Data analysis and interpretation of study results

This is the baseline review year for this project using the new BBA requirements and PIP protocols. Anthem provided an excellent description of qualitative and quantitative analyses after each measurement period (including 2003). Results were accurately and clearly reported. The analysis addressed comparison of results with the goal/benchmark, reasons for changes to the goal, comparison with the previous measurement, trends in performance or changes in statistical significance. The analyses included an interpretation of the extent to which the PIP was successful and follow-up activities.

Recommendations

To address opportunities for improvement, the reviewers make the final recommendations to strengthen future PIP reporting activities:

1) Clearly state the problem statement that supports the rationale of the study.
2) When administrative systems are used to collect data for the indicator, provide what efforts were taken to assure the system is valid (results of validity tests), the frequency of data collection, the plan of data analysis, and the qualifications of the staff responsible for collecting the data.

NCQA Quality Improvement Activity Form

Activity Name: Improving the Use of Appropriate Medications for People with Asthma

Section I: Activity Selection and Methodology

A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners *and* why there is an opportunity for improvement.

Increase the rate of use of appropriate medications for long term control of asthma for People with Asthma.

- Asthma ranks in the top 10 diagnoses for Inpatient admissions and Emergency Department (ED) visits for 1999-2001 and in the top 20 diagnoses for Outpatient Office Visits. Nationally, in 2000 asthma ranked first in hospital discharges for children under 15 years old. (CDC, Advance data from Vital and Health Statistics, Number 329, June 19, 2002). Hospital stays and ED visits are indicators of children with poorly controlled asthma who could benefit from asthma education and follow-up provided by a disease management program.

- The Plan has an Asthma Management Program that promotes the use of appropriate medications for long term control and provides asthma education and child and caregiver support by expert RN Consultants. These elements have been shown to improve outcomes for people with asthma.

B. Quantifiable Measure(s). List and define *all* quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as needed.

Quantifiable Measure #1:	Appropriate asthma medication, combined rate for ages 5-9 years, 10-17 years and 18-56 years
Numerator:	For each member in the denominator, those who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines in the measurement year (MY).
Denominator:	All Medicaid HMO members aged 5 –56 years by 12/31 of the measurement year who were continuously enrolled during the measurement year and the year preceding the measurement with no more than one gap in enrollment of up to 45 days during each year of enrollment . Members were identified as having persistent asthma by having ANY of the following in the year prior to the measurement year: 1) at least four asthma medication dispensing events OR 2) at least one Emergency Department (ED) visit with asthma (ICD-9 code 493) as the principal diagnosis OR at least one hospitalization with asthma(ICD-9 code 493) as the principal diagnosis OR 4) at least four outpatient asthma visits with asthma (ICD-9 code 493) as one of the listed diagnoses AND at least two asthma medication dispensing events.

First measurement period dates:	01/01/1999 – 12/31/1999
Baseline Benchmark:	New measure in HEDIS 2000
Source of benchmark:	
Baseline goal:	65%

C.1 HEDIS/CAHPS® 2.0H Methodology. (*Note:* HEDIS/CAHPS® methodology is not required.)

Was HEDIS/CAHPS® methodology used? Complete for each measure.

[√] Yes.

List the years used: _2000_ , __2001_ , 2003; _2004

* 2002 data incorrect and unable to recover

List the HEDIS® measure and/or CAHPS® 2.0H question numbers used and/or the composite questions used:

Use of Appropriate Mediations for People with Asthma

[ ] No.

C.2 Data Sources.

[ ] Medical/treatment records
[**X**] Administrative data:
[**X**] Claims/encounter data [ ] Complaints [ ] Appeals [ ] Telephone service data [ ] Appointment/access data
[ ] Hybrid (medical/treatment records and administrative)
[**X**] Pharmacy data
[ ] Survey data (attach the survey tool and the complete survey protocol)
[ ] Other (list and describe):

_____

_____

If HEDIS/CAHPS®methodology was used for all measures, *skip to Section 1.D.* Complete Sections 1.C.3–6 only for each measure that does not use HEDIS/CAHPS® methodology.

C.3 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

If medical/treatment records, check below:

[ ] Medical/treatment record abstraction

If survey, check all that apply:

[ ] Personal interview
[ ] Mail
[ ] Phone with CATI script
[ ] Phone with IVR
[ ] Internet
[ ] Incentive provided
[ ] Other (list and describe):

_____

_____

If administrative, check all that apply:

[ ] Programmed pull from claims/encounter files of all eligible members
[ ] Programmed pull from claims/encounter files of a sample of members
[ ] Complaint/appeal data by reason codes
[ ] Pharmacy data
[ ] Delegated entity data
[ ] Vendor file
[ ] Automated response time file from call center
[ ] Appointment/access data
[ ] Other (list and describe):

_____

_____

C.4 Sampling. If sampling was used, provide the following information.

Measure	Population Size	Sample Size	Method for Determining Size *(describe)*	Sampling Method *(describe)*

C.5 Data Collection Cycle.	Data Analysis Cycle.
[ ] Once a year [ ] Twice a year [ ] Once a season [ ] Once a quarter [ ] Once a month [ ] Once a week [ ] Once a day [ ] Continuous [ ] Other (list and describe): _____ _____	[ ] Once a year [ ] Once a season [ ] Once a quarter [ ] Once a month [ ] Continuous [ ] Other (list and describe): _____ _____

C.6 Other Pertinent Methodological Features. Complete only if needed.

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

- For the baseline measurement HEDIS 2000 (MY 1999) and remeasurement 1 HEDIS 2001 (MY2000) the rate was calculated separately for Anthem's two HMO Medicaid entities (Peninsula Health Care, Inc. and Priority Health Care, Inc.)
- In 2001, Anthem received permission to combine the two HMO entity rates for HEDIS 2000 and HEDIS 2001 for analysis purposes. Since the Asthma Medication measure is administrative only, the combined rate was calculated as a simple rate using all eligible members in the denominator and all numerator positives in the numerator.
- Also in 2001, Anthem added an additional Medicaid HMO in the central region, HealthKeepers, Inc., making a total of three Medicaid HMO's.
- For HEDIS 2003 (MY2002) NCQA allowed Anthem to calculate and submit one combined rate for all of its Medicaid HMOs.
- No substantive changes were made to the HEDIS specifications from HEDIS 2000 to 2003. The NDC lists were updated annually so that there were additions and deletions to the drug lists used to calculate the rates.

Section II: Data / Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure: Use of Appropriate Medications for Asthma – Ages 5 – 56 years HMO Medicaid

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
1/1/1999 – 12/31/1999	***Baseline:***	284	454	62.55 50th Percentile	64.84 90th Percentile	65.0	
1/1/2000 – 12/31/2000	Remeasurement 1:	345	578	59.7 50th Percentile	68.33 90th Percentile	65.0	Baseline to R1 p=0.35
1/1/2002 – 12/31/2002	Remeasurement 2:	571	836	68.3 75th Percentile	70.89 90th Percentile	68.0	R1 to R2 p=0.0009
1/1/2003 – 12/31/2003	Remeasurement 3	903	1310	68.93 75th Percentile	70.89 90th Percentile	70	R2 to R3 p=0.76 Baseline to R3 p=0.0002

If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing.

Section III: Analysis Cycle
Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That the Analysis Covers.

Analysis Cycle I – HEDIS 2000 (MY 1999)
- Use of Appropriate Medications for Asthma – Ages 5-56 years

Analysis Cycle II– HEDIS 2001 (MY 2000) (Baseline-Remeasurement 1)
- Use of Appropriate Medications for Asthma – Ages 5-56 years

Analysis Cycle III – HEDIS 2003 (MY 2002) (Remeasurement 1-Remeasurement 2)
- Use of Appropriate Medications for Asthma – Ages 5-56 years

Analysis Cycle IV – HEDIS 2004 (MY 2003) (Remeasurement 2-Remeasurement 3)
- Use of Appropriate Medications for Asthma – Ages 5-56 years

B. Identifying and Analyzing Opportunities for Improvement. Describe the analysis and include the points listed below.

ANALYSIS CYCLE I: Calendar Year 1999 (Baseline)

QUANTITATIVE ANALYSIS

MEASURE #1: APPROPRIATE ASTHMA MEDICATION

- **Comparison with the goal/benchmark:**
  - The HEDIS 2000 (MY 1999) rate was over 2.45 percentage points below the goal, and 2.29 percentage points below the 90th percentile.
- **Reasons for changes to goals:**
  - Not changed.
- **Comparison with previous measurement**
  - 1999 is the baseline analysis cycle.
- **Trends, increases or decreases in performance or changes in statistical significance (if used):**
  - 1999 is the baseline analysis cycle.

QUALITATIVE ANALYSIS

The Managed Care Advisory Panel (MCAP), consisting of Family Practice Physicians and Specialists analyzed the Appropriate Use of Asthma Medications rates in an effort to identify factors impacting the rates. The MCAP made recommendations for improving the asthma medication rates. These recommendations were reported to the Quality Improvement Committee (QIC), made up of Vice Presidents and Directors who reviewed the recommendations and made implementation strategy decisions. The main technique used is brainstorming based on the expertise and experience of the Committee members.

- **Barrier:** Lack of knowledge self/caregiver management of asthma.
- **Opportunity:** Increase knowledge and self/caregiver-management skills of members with asthma.
- **Intervention:** Asthma Disease Management Program (1st Quarter 1999 – Ongoing).

- **Barrier:** Lack of asthma self/caregiver-management action plans that include long term control of asthma.
- **Opportunity:** Increase use of action plans for long term control of asthma.
- **Intervention:** Asthma Disease Management Program (1st Quarter 1999 – Ongoing).

- **Barrier:** Lack of knowledge and ability to identify individual asthma triggers.
- **Opportunity:** Increase knowledge and ability of self/caregiver to identify asthma triggers.
- **Intervention:** Asthma Disease Management Program (1st Quarter 1999 – Ongoing).

- **Barrier:** Practice variation among physician in treating asthma for long term control
- **Opportunity:** Decrease variation among physicians in treatment for long term control of asthma.
- **Intervention:** Developed and distributed evidence-based Asthma Clinical Practice Guidelines to physicians (1998 – Ongoing , every 2 years).

- **Barrier:** Member/caregivers and physicians not aware of the availability of the Asthma Disease Management Program.
- **Opportunity:** Increase awareness and participation in the Asthma Disease Management Program.
- **Intervention:** Information about the Asthma Disease Management Program and how to access it were mailed to targeted members and physicians (1999 – Ongoing).

ANALYSIS CYCLE II: Calendar Year 2000

QUANTITATIVE ANALYSIS

MEASURE #1: APPROPRIATE ASTHMA MEDICATION

- **Comparison with the goal/benchmark:**
  - The HEDIS 2001 (MY 2000) rate was approximately 5.3 percentage points below the goal, and 8.63 percentage points below the 90th percentile.

- **Reasons for changes to goals:**
  - No change in goal

- **Comparison with previous measurement**
  - The rate decreased by 2.85%.

- **Trends, increases or decreases in performance or changes in statistical significance (if used):**
  - The Plan rate decreased from baseline to remeasurement 1, but was not statistically significant at the 95% Confidence Level , p=0.35.

QUALITATIVE ANALYSIS

The Managed Care Advisory Panel (MCAP), consisting of Family Practice Physicians and Specialists analyzed the Appropriate Use of Asthma Medications rates in an effort to identify factors impacting the rates. The MCAP made recommendations for improving the asthma medication rates. These recommendations were reported to the Quality Improvement Committee (QIC), made up of Vice Presidents and Directors who reviewed the recommendations and made implementation strategy decisions. The main technique is brainstorming based on the expertise and experience of the Committee members. No new barriers were identified during this analysis cycle. The previous barriers remain the focus of intervention.

The asthma disease management program was implemented in February 1999. The initial program year did not yet significantly impact the rates. However, the change process for chronic disease management occurs over time, and through repeated reinforcement. We anticipate future improvements as the program impacts an increasing number of members and practitioners.

ANALYSIS CYCLE III: Calendar Year 2002

QUANTITATIVE ANALYSIS

MEASURE #1: APPROPRIATE ASTHMA MEDICATION

- **Comparison with the goal/benchmark:**
  - The HEDIS 2003 (MY 2002) rate was 0.3 percentage points above the goal, and 2.59 percentage points below the 90th percentile.

- **Reasons for changes to goals:**
  - The MCAP Committee increased the goal to 68% striving for the Quality Compass 90th percentile.

- **Comparison with previous measurement**
  - The rate increased by 8.6 percentage points from the previous year, and increased 5.75 percentage points from the baseline measurement.

- **Trends, increases or decreases in performance or changes in statistical significance (if used):**
  - The Plan rate increased from remeasurement 1 to remeasurement 2, p =0.0009 which is statistically significant at the 95% Confidence Level.

QUALITATIVE ANALYSIS

*****Data discussed in the Fall 2003 Meeting was incorrect due to programming error.***

The Managed Care Advisory Panel (MCAP), consisting of Family Practice Physicians and Specialists analyzed the statistically significant decrease in the Appropriate Use of Asthma Medications rates in an effort to identify factors impacting the rates. The MCAP made recommendations for improving the asthma medication rates. These recommendations were reported to the Quality Improvement Committee (QIC), made up of Vice Presidents and Directors who reviewed the recommendations and made implementation strategy decisions. The main technique is brainstorming based on the expertise and experience of the Committee members. The same barriers were identified during this analysis cycle. The committee discussed doing further analysis of members that are in the denominator due to emergency room visit or hospitalization. The committee also discussed ER physician's management of acute asthma attacks but the need to stress member follow-up with PCP to obtain appropriate medication management. There was a recommendation made to review the contact process for members in the disease management program. The previous barriers remain the focus of intervention. The committee observed that the disease management program interventions were positively impacting the care over time.

ANALYSIS CYCLE IV: Calendar Year 2003

QUANTITATIVE ANALYSIS

MEASURE #1: APPROPRIATE ASTHMA MEDICATION

- **Comparison with the goal/benchmark:**
  - The HEDIS 2004 (MY 2003) rate was 1.07 percentage points below the goal, and 1.96 percentage points below the 90th percentile.
- **Reasons for changes to goals:**
  - The MCAP Committee approved the goal of 70% in Fall 2003 striving for the Quality Compass 90th percentile.
- **Comparison with previous measurement**
  - The rate increased by .63 percentage points from the previous years measurement (p= 0.76) and 6.38 percentage points from the baseline measurement.

- **Trends, increases or decreases in performance or changes in statistical significance (if used):**
  - The Plan rate increased from baseline to remeasurement 3 by 6.38 percentage points, a statistically significant increase at the 95% Confidence Level p=0.0002.

QUALITATIVE ANALYSIS

The Managed Care Advisory Panel (MCAP) and Quality Improvement Committee will analyze this data Summer 2004. Meeting is scheduled for October 23, 2004.

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., "hired 4 customer service reps" as opposed to "hired customer service reps"). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address
11/98	Yes Every 2 years	Published Pediatric Asthma Care Guidelines based on NIH NHLBI Guidelines to physicians in *Professional Forum*.	Practice variation among physicians in treating asthma for long term control
02/99	Yes	Implemented Asthma Disease Management Program by Health Management Corporation, a subsidiary of Anthem Blue Cross and Blue Shield. Members with asthma are identified with models using multiple claims events, demographic, clinical and pharmaceutical variables. Members are stratified into two groups: high intensity and low intensity based on use of services. HMC sends all members regardless of intensity outreach mailings and educational materials. High intensity members are targeted for telephonic case management, but any member, regardless of intensity may enroll in the program. HMC encouraged the active participation of minors identified as having asthma. Children between the ages of 2 years and 17 years are managed following standards for pediatric cases. Children are encouraged to take an active part in managing their health condition by their inclusion in the telephonic counseling sessions, with parental consent. Members also have access to the program through physician referral or through self-referral.	Lack of knowledge of self/caregiver-management of asthma Lack of asthma self-management/caregiver action plans that include long term control of asthma Lack of knowledge and ability to identify individual asthma triggers

	Yes	The Asthma Disease Management program has the following elements. • Policy: Management of Pediatric & Adult Participants • 24-Hour Nurse Line to help members/caregivers seeking information about asthma and advice on how to handle health care situations. • RN Consultants , provide clinical assessment and health education for adults & children with asthma. • Calls to individual members/caregivers to introduce the asthma care management program and enroll the member. • At enrollment, the nurse collects demographic information, medical history, current medications and immunizations and self-monitoring knowledge and results. The member is asked about activities and life style in order to provide information and support for changes if needed. • The nurse along with the participant prepares an Asthma Emergency Action Plan that helps to identify an imminent asthma attack, to monitor response to treatment, and to know when to call the doctor or go to the Emergency Department. • Program nurses plan and implement follow-up monitoring and counseling. Pediatric Asthma Alert Criteria and Key Intervention Quick References (KIQRs) are used to guide telephonic assessment and counseling. • Clinical Summary Reports are sent to the member's physician.	

Spring 1999		Published "Asthma Actions" in *Patient Care* newsletter to participating PCPs and Specialists. The newsletter also contains information about how to access the Asthma Disease Management Program.	Practice variation among physicians in treating asthma for long term control Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Summer 1999	Yes	Published "Controlling Your Asthma: Put Your Finger on the Trigger" in *Family Health –Asthma Care* newsletter to all members The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Summer 1999		Published review of recent research on "Reduction of beta Agonist Dose in Asthma" in *Family Health – Patient Care* newsletter to participating PCPs and Specialists. The newsletter also contains information about how to access the Asthma Disease Management Program	Practice variation among physicians in treating asthma for long term control Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Fall 1999	Yes	Published "Understanding Your Asthma Medications in *Family Health – Asthma Care* newsletter to all members identified as having asthma. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Fall 1999		Published "Asthma in the Clinic" and web clinical research information sources in *Patient Care* newsletter to participating PCPs and Specialists. The newsletter also contains information about how to access the Asthma Disease Management Program.	Practice variation among physicians in treating asthma for long term control Members/Caregivers and physicians not aware of the availability of the Asthma Management Program

Fall 1999		Published "Take Special Care-Advice for Pregnant Women with Asthma" in *Winning Health* newsletter to members. The newsletter also contains information about how to enroll in the Asthma Disease Management Program.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
11/00	Yes Every 2 years	Published updated Pediatric Asthma Care Guidelines based on the NIHNHLBI Guidelines to physicians in *Professional Forum*	Practice variation among physicians in treating asthma for long term control
Winter 1999		Published "Depression: What You Need to Know", an article about the link between asthma and depression in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Winter 1999		Published "Asthma Undertreated in Elderly in *Patient Care* newsletter to participating PCPs and Specialists. The newsletter also contains information about how to access the Asthma Disease Management Program.	Practice variation among physicians in treating asthma for long term control Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Winter 1999		Published "Cockroaches-make asthma worse" in member newsletter.	Lack of knowledge and ability to identify individual asthma triggers
Spring 2000		Published "Peak Flow Zones: Know Your Safety Limits " in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program

Summer 2000		Published "Asthma Care" in *Winning Health* member newsletter. The newsletter also contains information about how to access the Asthma Disease Management Program.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Fall 2000		Published "Breathe Easier With Anti-Inflammatory Medication " in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Winter 2000		Published "Depression and Asthma " in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Winter 2000		Published "Environmental Controls to Prevent Asthma Attacks" in *Patient Care* newsletter to participating PCPs and Specialists.	Practice variation among physicians in treating asthma for long term control Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
11/02	Yes Every 2 years	Published updated Pediatric Asthma Care Guidelines based on the NIHNHLBI Guidelines to physicians in *Professional Forum*	Practice variation among physicians in treating asthma for long term control

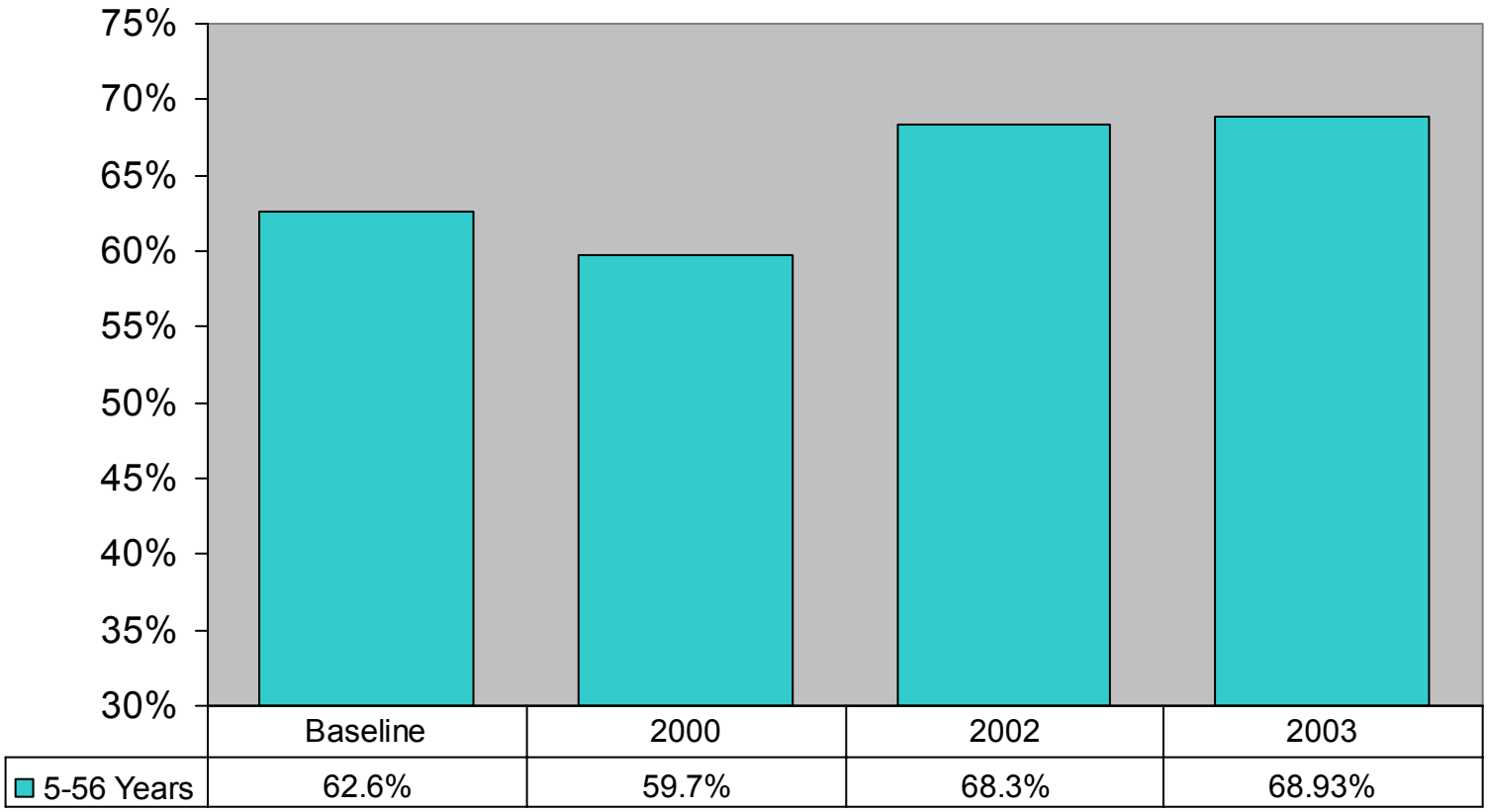
Winter 2001		Published “Sidelining Stress“, an article focused on the link between asthma and stress in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Winter 2001		Published "Alcohol Can Make Asthma Worse" in *Winning Health* member newsletter.	Lack of knowledge and ability to identify individual asthma triggers
Spring 2002		Published “Breathing at Your Peak,” an article focused on using a peak flow meter to help control asthma in *Family Health – Asthma Care* to all members enrolled in the Asthma Disease Management Program. The newsletter provides the 1-800 number for a registered nurse 24/7 and a listing of print and web-based resources as standard content.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program
Summer 2002		Published "What's in the Air Can Make Asthma Worse" in Winning Health member newsletter. The newsletter also contains information about how to access the Asthma Disease Management Program.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma Members/Caregivers and physicians not aware of the availability of the Asthma Management Program

Fall 2002		Training occurred at HMC with regards to working with Medicaid members. The following activities were completed: • Disease Management Nurse Consultants received Medicaid specific training • Monthly team meetings to discuss strategies to improve outcomes for this population • Contact protocols-increase number of attempted contacts prior to inactivating a case and attempting to reach member again 60 days after protocol has exhausted • Nurse consultants work closely with Medicaid Outreach Workers to increase contact and effectiveness in management of Medicaid members	Nurse consultants no aware of differences in managing Medicaid member population
Spring 2003		Published "Asthma-Exercise Can Be Good For You" in Winning Health member newsletter.	Lack of knowledge of self/caregiver-management of asthma
Summer 2003		Published "Stop Asthma Attacks Kick Smoke Out of the House" in Winning Health member newsletter.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma
August 2003		Communicated 2004 Performance Extra Program- Indicators to include Appropriate Asthma Medications to physicians in Anthem Professional Forum.	Lack of physician knowledge regarding program and plan goals.
Fall 2003		Published "Exercise and Asthma-Help Your Child Stay in the game Using an Inhaler" in Winning Health member newsletter.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma

Winter 2003/2004		Published "Controlling Asthma and Don't Lose Control of Asthma" in Winning Health member newsletter.	Lack of knowledge of self/caregiver-management of asthma Lack of knowledge and ability to identify individual asthma triggers Lack of asthma self-management/caregiver action plans that include long term control of asthma

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.



In 1999 Anthem implemented the Asthma Disease Management Program.

Performance Improvement Project Validation Worksheet

Project Information
MCO/PHP Name or ID: Anthem HealthKeepers Plus
PIP Topic: Improving the Use of Appropriate Medications for People with Asthma
Dates in Study Period: 1/1/1999 to 12/31/2003 **Dates of Review Period:** 1/1/2003 to 12/31/2003

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY					
Step 1. REVIEW THE SELECTED STUDY TOPIC(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	☒	☐	☐	Anthem used Medicaid HMO specific and national data in selecting its study topic. Asthma ranks in the top 10 Medicaid HMO diagnoses for inpatient admissions and emergency department visits for 1999-2001 and in the top 20 for outpatient office visits. Nationally, in 2000 asthma ranked first in hospital discharges for children under 15 years old.	QAPI RE2Q1 QAPI RE2Q2,3,4 QIA S1A1
1.2 Did the MCO s/PHP s PIP address a broad spectrum of key aspects of enrollee care and services?	☒	☐	☐	This clinical PIP addresses care of all Medicaid HMO enrollees aged 5-56 years with a diagnosis of asthma.	QAPI RE2Q1 QIA S1A2
1.3 Did the MCOs/PHPs PIP include all enrolled populations; i.e. , did not exclude certain enrollees such as with those with special health care needs?	☒	☐	☐	This clinical PIP addresses care of all Medicaid HMO enrollees aged 5-56 years with a diagnosis of asthma, and there were no exclusions listed in the PIP.	QAPI RE2Q1 QIA S1A2
Assessment Component 1 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components are present.					
Recommendations					

Step 2: REVIEW THE STUDY QUESTION(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
2.1 Was there a clear problem statement or study question that described the rationale for the study?	☐	☒	☐	There was no problem statement or study question that clearly described why this study was meaningful to the Medallion II population at Anthem.	QIA S1A3

Assessment Component 2

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☒ Unmet -None of the required components are present.

Recommendations

Describe a problem statement that explains why Anthem chose this project for meaningful improvement in the Medallion II population.

Step 3: REVIEW SELECTED STUDY INDICATOR(S)					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
3.1 Did the study use objective, clearly defined, measurable indicators?	☒	☐	☐	One indicator was identified for this study as the appropriate asthma medication, combined rate for ages 5-9 years, 10-17 years and 18-56 years. The denominator and numerator supported the indicator and were objective and well defined.	QAPI RE3Q1, QAPI RE3Q2-6 QAPI RE3Q7-8 QIA S1B2 QIA S1B3
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	☒	☐	☐	Use of appropriate asthma medications has been demonstrated to improve long-term control for individuals with asthma and as such serves as a proxy measure for changes in health status.	QAPI RE3Q9 QIA S1B1
Assessment Component 3 ☒ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components are present					
Recommendations					

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
4.1 Did the MCO/PHP clearly define all Medicaid enrollees to whom the study question(s) and indicator(s) are relevant?	☒	☐	☐	Anthem clearly defined all Medicaid enrollees for this study as those aged 5-56 years by 12/31 of the measurement year who were continuously enrolled during the measurement year and the year preceding with no more than one gap in enrollment of up to 45 days during each year of enrollment.	QAPI RE2Q1, QAPI RE3Q2-6
4.2 If the MCO/PHP studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?	☒	☐	☐	There were issues with the data collection approaches and action was taken to rectify the barrier. Anthem reported that that HEDIS programmers identified an error with pharmacy claims data collection activity during the HEDIS audit in 2004. Data was recalculated for the 2002 and 2003 measurement periods, however data for the 2001 measurement period could not be retrieved.	QAPI RE4Q1&2 QAPI RE5Q1.2 QIA I B, C

Assessment Component 4

☒ Met – All required components are present.

☐ Partially Met – One, but not all components are present.

☐ Unmet -None of the required components are present..

Recommendations

Step 5: REVIEW SAMPLING METHODS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	☐	☐	☒	No sampling was used. Anthem included the entire eligible population in the PIP.	QAPI RE5Q1.3a QIA S1C2
5.2 Did the MCO/PHP employ valid sampling techniques that protected against bias? *Specify the type of sampling or census used:*	☐	☐	☒	No sampling was used. Anthem included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2
5.3 Did the sample contain a sufficient number of enrollees?	☐	☐	☒	No sampling was used. Anthem included the entire eligible population in the PIP.	QAPI RE5Q1.3b-c QIA S1C2

Assessment Component 5

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

☒ Not applicable.

Recommendations

Step 6: REVIEW DATA COLLECTION PROCEDURES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
6.1 Did the study design clearly specify the data to be collected?	☒	☐	☐	Data to be collected was specified in the numerator and denominator including specific diagnostic codes for asthma and asthma medications, minimum number of dispensing events, ER visits, outpatient visits, and hospitalizations, and enrollment requirements.	QAPI RE4Q1&2
6.2 Did the study design clearly specify the sources of data	☒	☐	☐	Sources of data were clearly identified to include: claims/encounter data and pharmacy data.	QAPI RE4Q1&2
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicator(s) apply?	☒	☐	☐	HEDIS methodology was used for collecting data for the measure: use of appropriate medications for people with asthma. The frequency of data collection was not stated.	QAPI RE4Q3a QAPI RE4Q3b QIA S1C1 QIA S1C3
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	☐	☒	☐	The PIP did not specify how the instruments used for data collection could provide consistent, accurate data over time.	QAPI RE4Q1&2 QAPI RE4Q3b QAPI RE7Q1&2

6.5 Did the study design prospectively specify a data analysis plan?	☒	☐	☐	The data analysis plan was gathered from multiple sections in the PIP document. Qualitative data for the entire eligible population was collected on appropriate asthma medication rates. While there was no stated plan to compare results to previous or similar studies, the quantitative analysis section of the PIP included a comparison with the goal/benchmark and comparison with previous measurement. Data was combined for all age groups and for the three Medicaid HMO populations.	QAPI RE5Q1.2
6.6 Were qualified staff and personnel used to collect the data?	☐	☒	☐	The PIP did not specify the qualifications of staff/personnel used to collect the data.	QAPI RE4Q4

Assessment Component 6

☐ Met – All required components are present.

☒ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

When administrative systems are used to collect data for the indicator, provide what efforts were taken to assure the system is valid (results of validity tests), the frequency of data collection, the plan of data analysis, and the qualifications of the staff responsible for collecting the data. Provide a clear data analysis plan.

Step 7: ASSESS IMPROVEMENT STRATEGIES					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	☒	☐	☐	Anthem has consistently performed a barrier analysis following each remeasurement to identify opportunities for improvement and related interventions to increase the asthma medication rate. Enrollee, provider, and administrative barriers were identified by an advisory panel consisting of family practice physicians and specialists who made recommendations for interventions based upon identified opportunities. Recommended interventions were reviewed and approved by the Quality Improvement Committee. Besides mailings to enrollees and providers, there were multiple face to face interventions -a training with Disease Management Nurse Consultants to improve their knowledge of the differences in the Medallion II population, having monthly team meetings to discuss strategies to improve outcomes for this population, making changes in enrollee contact protocols and initiating collaborative activities with outreach staff.	QAPI RE6Q1a QAPI RE6Q1b QAPI RE1SQ1-3 QIA S3.5 QIA S4.1 QIA S4.2 QIA S4.3

Assessment Component 7

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
8.1 Was an analysis of the findings performed according to the data analysis plan?	☒	☐	☐	Anthem analyzed its findings after the 2003 remeasurement period. Both a quantitative and qualitative analysis was performed.	QAPI RE4Q4 QIA III
8.2 Did the MCO/PHP present numerical PIP results and findings accurately and clearly?	☒	☐	☐	The Data/Results Table identified the rate and HEDIS percentile for each measurement period and compared the MCO result to the HEDIS benchmark at the 90th percentile and the MCO specific goal.	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	☒	☐	☐	For this review, initial measurements were reviewed and met the standard.	QAPI RE7Q2 QIA S1C4 QIA S2.1
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and follow-up activities?	☐	☐	☒	This was baseline measurement.	QIA S2.2

Assessment Component 8

☒ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

Step 9: ASSESS WHETHER IMPROVEMENT IS REAL IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
9.1 Was the same methodology as the baseline measurement used when measurement was repeated?	☐	☐	☒	This is baseline year for the contract submission and therefore, there is no repeat measurement.	QAPI RE7Q2 QAPI 2SQ1-2 QIA S1C4 QIA S2.2 QIA S3.1 QIA S3.3 QIA S3.4
9.2 Was there any documented quantitative improvement in processes or outcomes of care?	☐	☐	☒		QAPI RE7Q3 QIA S2.3
9.3 Does the reported improvement in performance have face validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	☐	☐	☒		QIA S3.2
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	☐	☐	☒		QIA S2.3
Assessment Component 9 ☐ Met – All required components are present. ☐ Partially Met – Some, but not all components are present. ☐ Unmet -None of the required components are present.					
Recommendations					

Step 10: ASSESS SUSTAINED IMPROVEMENT					
Component/Standard	**Y**	**N**	**N/A**	**Comments**	**Cites and Similar References**
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐	☐	☒		QAPI RE2SQ3 QIA II, III

Assessment Component 10

☐ Met – All required components are present.

☐ Partially Met – Some, but not all components are present.

☐ Unmet -None of the required components are present.

Recommendations

None.

Key Findings

1. Strengths

- The plan used internal and national data to develop the study topic.
- The indicator was objective and well defined.
- The plan used HEDIS technical specifications to choose the population and to identify the data sources.
- There was evidence of qualitative and quantitative analysis of results that resulted in the development of interventions aimed to show meaningful improvement.
- Face to face interventions were implemented to address barriers.
- The plan included a nice graphic depiction of their results.

2. Best Practices

None identified at this time.

3. Potential /significant issues experienced by MCO

- Data collection barriers were noted due to programming error in 2003.

4. Actions taken by MCO

- Recalculation of measures after action taken to rectify data collection problems.

5. Recommendations for the next submission

- Clearly state the problem statement or study question that describes why this study was chosen for meaningful improvement for Anthem's Medallion II population.
- When administrative systems are used to collect data for the indicator, provide what efforts were taken to assure the system is valid (results of validity tests), the frequency of data collection, the plan of data analysis, and the qualifications of the staff responsible for collecting the data.